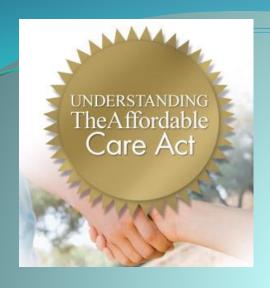
Althua Althua



Established in 1999, Altrua Ministries, dba Altrua HealthShare, is a 501(c)(3) recognized Health Care Sharing Ministry (HCSM) under The Patient Protection and Affordable Care Act.



Altrua HealthShare is **NOT** insurance

Instead a recognized <u>H</u>ealth <u>Care Sharing Ministry</u> (HCSM). Members of Altrua HealthShare are exempt from the shared responsibility payment (penalty) mandated by The Patient Protection and Affordable Care Act.

Altrua HealthShare is a nationwide faith-based membership of dynamic individuals and families who share in each other's medical needs by heeding scripture calling on believers to bear the burdens of others.





Perks of Membership

- Caring people who help others
- Members are exempt from the Affordable Care Act
- Different membership types to meet any budget
- PHCS/Multi Plan National Network

https://www.multiplan.com/search/search-2.cfm?originator=84451

- \$1,000,000 lifetime benefit per family member
- Help-A-Friend Referral Credit
 - For every member referral that joins and remains a member for 3 consecutive months, receive a Referral Credit. Amount will vary.
- Yearly Healthy Lifestyle Credit
 - One-time credit given in March of the year following an entire calendar year in which no claims were filed. Amount will vary based on membership type and monthly contribution amount.

Becoming A Member

Who Is Eligible?

Anyone who meets the Statement of Standards

- Caring for one another.
- Keeping the body clean and healthy with proper nutrition.
- The use of any form of tobacco, illicit drugs and excessive alcohol consumption is harmful to the body and soul.
- According to the Word of God, sexual relations outside the bond of marriage is morally wrong. Marriage is a bond between a man and woman only.
- Abortion is wrong, except in special circumstances such as rape or serious injury to the mother, and then only after careful consideration.
- Physical, mental or emotional abuse of any kind to a family member or anyone else is morally wrong.

NOTE: Some individuals may not be eligible or have a membership limitation due to certain past or present medical conditions.

Medical Conditions Subject to Automatic Denial

- 1. Exceeding of the Height/Weight Guidelines Limit (see chart)
- 2. Aids/HIV Virus
- 3. Usage of Tobacco Products in the past 12 months
- 4. Current Pregnancy (Applicant may apply 30 days after delivery)
- 5. Cancer if currently getting treatment or diagnosed is an automatic decline. If cancer is in remission eligibility will be reviewed for approval
- 6. Skin Cancer Contact Members Services for guidelines
- 7. Diabetics Type I
- 8. Diabetics Type II Encouraged to apply. Borderline taking no meds and diet controlled is ok if confirmed by physician. Contact Members Services for guidelines.
- 9. Chron's Disease
- 10. Down's Syndrome, Monogolism
- 11. All heart related problems, including *history of stroke with the exception of:*
 - Heart Murmur only if functional taking no meds and confirmed by physician
 - Mitral Valve Prolapse only if non-regurgitated and confirmed by physician
- 12. Trans Ischemic Attack (TIA)
- 13. Parkinson's Disease
- 14. Cerebral Palsy

Please note: If applicant says they currently are in remission, no longer have related health conditions or cured of medical conditions listed above, confirmation in writing will be required by their physician, as part of their medical records.



Height & Weight Chart

Female					Male				
Height	\$15 Increase	\$30 Increase	\$45 Increase	\$60 Increase	Height	\$15 Increase	\$30 Increase	\$45 Increase	\$60.00
Increase									
4'10"	150 - 159	160 - 169	170 - 179	180 - 189	4 '10"	130 - 139	140 - 149	150 - 159	160 - 169
4'11"	155 - 164	165 - 174	175 - 184	185 - 194	4'11"	145 - 154	155 - 164	165 - 174	175 - 184
5'o"	160 - 169	170 - 179	180 - 189	190 - 199	5'o"	170 - 179	180 - 189	190 - 199	200 - 209
5'1"	165 - 174	175 - 184	185 - 194	195 - 204	5'1"	175 - 184	185 - 194	195 - 204	205 - 214
5'2"	170 - 179	180 - 189	190 - 199	200 - 209	5 ² "	180 - 189	190 - 199	200 - 209	210 - 219
5'3"	175 - 184	185 - 194	195 - 204	205 - 214	5'3"	185 - 194	195 - 204	205 - 214	215 - 224
5'4"	180 - 189	190 - 199	200 - 209	210 - 219	5'4"	190 - 199	200 - 209	210 - 219	220 - 229
5'5"	185 - 194	195 - 204	205 - 214	215 - 224	5'5"	195 - 204	205 - 214	215 - 224	225 - 234
5'6"	190 - 199	200 - 209	210 - 219	220 - 229	5'6"	200 - 209	210 - 219	220 - 229	230 - 239
5'7"	195 - 204	205 - 214	215 - 224	225 - 234	5'7"	205 - 214	215 - 224	225 - 234	235 - 244
5'8"	200 - 209	210 - 219	220 - 229	230 - 239	5'8"	210 - 219	220 - 229	230 - 239	240 - 249
5'9"	205 - 214	215 - 224	225 - 234	235 - 244	5'9"	215 - 224	225 - 234	235 - 244	245 - 254
5'10"	210 - 219	220 - 229	230 - 239	240 - 249	5'10"	220 - 229	230 - 239	240 - 249	250 - 259
5'11"	215 - 224	225 - 234	235 - 244	245 - 254	5'11"	225 - 234	235 -244	245 - 254	255 - 264
6'o"	220 - 229	230 - 239	240 - 249	250 - 259	6'o"	230 - 239	240 - 249	250 - 259	260 - 269
					6'1"	235 - 244	245 - 254	255 - 264	265 - 274
					6'2"	240 - 249	250 - 259	260 - 269	270 - 279
					6'3"	245 - 254	255 - 264	265 - 274	275 - 284
					6'4"	250 - 259	260 - 269	270 - 279	280 - 289
					6'5"	255 - 264	265 - 274	275-284	285 - 294
					6'6"	260 - 269	270 - 279	280 - 289	290 - 299
					6'7"	265 - 274	275 - 284	285 - 294	295 - 304
					6'8"	270 - 279	280 - 289	290 - 299	300 - 309

Applicants whose weight exceeds the \$60.00 increase limit are not eligible for the membership.

If at anytime Altrua HealthShare is notified that your weight has increased or was submitted incorrectly, a height/weight increase will be added to your monthly contribution. Altrua offers a health and wellness program to assist prospective applicants with meeting and maintaining the required membership height/weight guidelines. Revised 8-26-16

How It Works

Check is issued to provider from escrow account or Explanation Sharing**

6

Member receives Explanation of Sharing**

Provider sends claim to Altrua HealthShare

Member or provider notifies Altrua HealthShare of any ER visit, emergency surgery or hospital admission

> Provider calls for pre-authorization on any non-emergency testing, procedure or surgery

> > Member presents Altrua HealthShare ID Card

> > > Member has medical need and selects provider or facility

Member Shares

Member receives monthly contribution request

4

6

Altrua HealthShare receives member contribution

Member may submit additional contribution to help other members in need**

Altrua HealthShare deposits member contributions into an escrow account

Monthly operating expenses are transferred from the escrow account to an operating account

All eligible medical needs are processed according to Member Guidelines*

Altrua HealthShare issues check to provider from escrow account or Explanation of Sharing*

Altrua

Member Needs

Altrua Standard Membership Types

MEMBERSHIP TYPE	GOLD STANDARD	SILVER STANDARD	BRONZE STANDARD
1st MRA*	\$500 per person per calendar year	\$1,000 per person per calendar year	\$1,500 per person per calendar year
2nd MRA* Affiliated Provider	25% of the next \$10,000	25% of the next \$10,000	25% of the next \$10,000
2nd MRA* Non-Affiliated Provider	50% of the next \$10,000	50% of the next \$10,000	50% of the next \$10,000
Office Visits MRA* 6 visits per calendar year	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Not Available
Maternity	\$4,000 max. normal delivery; \$6,000 max. medically necessary C-section	\$4,000 max. normal delivery; \$6,000 max. medically necessary C-section	Not Available
Prescription	Generic prescription program	Generic prescription program	Generic prescription program
Annual Maximum Limit	Not Applicable	Not Applicable	\$50,000
Lifetime Maximum Limit	\$1,000,000	\$1,000,000	\$1,000,000

*Member Responsibility Amount (Out of Pocket)
Affiliated Provider: PHCS network www.multiplan.com

**Non-Affiliated Providers office visit MRA is 50% of office visit

Monthly Contribution Request for Altrua Standard

GOLD STANDARD

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$240.00	\$360.00	\$480.00
40-49	\$264.00	\$396.00	\$540.00
50-59	\$324.00	\$558.00	\$660.00
60-64	\$420.00	\$732.00	\$780.00
65+ Medicare	\$240.00	\$360.00	N/A

SILVER STANDARD

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$216.00	\$336.00	\$450.00
40-49	\$240.00	\$372.00	\$492.00
50-59	\$300.00	\$516.00	\$600.00
60-64	\$360.00	\$660.00	\$720.00
65+ Medicare	\$216.00	\$336.00	N/A

BRONZE STANDARD

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$120.00	\$240.00	\$330.00
40-49	\$180.00	\$270.00	\$360.00
50-59	\$240.00	\$420.00	\$450.00
60-64	\$300.00	\$540.00	\$600.00
65+ Medicare	\$120.00	\$240.00	N/A

If your family is larger than five, add \$50 more for each additional family member. If husband and wife are both participating, "head-of-household" is based on the older spouse's age.

If head of household is 65 or over, contribution is based on younger spouse's age.

Office Visit MRA does not apply to 65+ Medicare plans.

Altrua Advantage Membership Types

MEMBERSHIP TYPE	GOLD ADVANTAGE	SILVER ADVANTAGE	BRONZE ADVANTAGE
1st MRA*	\$3,000 per person per calendar year	\$3,500 per person per calendar year	\$4,000 per person per calendar year
2nd MRA* Affiliated Provider	N/A	N/A	N/A
2nd MRA** Non-Affiliated Provider	50% of allowed charges	50% of allowed charges	50% of allowed charges
Office Visits MRA* 6 visits per calendar year	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Not Available
Maternity	\$4,000 max. normal delivery; \$6,000 max. medically necessary C-section	\$4,000 max. normal delivery; \$6,000 max. medically necessary C-section	Not Available
Prescription	Generic prescription program	Generic prescription program	Generic prescription program
Annual Maximum Limit	Not Applicable	Not Applicable	\$50,000
Lifetime Maximum Limit	\$1,000,000	\$1,000,000	\$1,000,000

*Member Responsibility Amount (Out of Pocket)
Affiliated Provider: PHCS network www.multiplan.com

**Non-Affiliated Providers office visit MRA is 50% of office visit

Monthly Contribution Request for Altrua Advantage

GOLD ADVANTAGE

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$200.00	\$300.00	\$400.00
40-49	\$220.00	\$330.00	\$450.00
50-59	\$270.00	\$465.00	\$550.00
60-64	\$350.00	\$610.00	\$650.00
65+ Medicare	\$200.00	\$300.00	N/A

SILVER ADVANTAGE

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$180.00	\$280.00	\$375.00
40-49	\$200.00	\$310.00	\$410.00
50-59	\$250.00	\$430.00	\$500.00
60-64	\$300.00	\$550.00	\$600.00
65+ Medicare	\$180.00	\$280.00	N/A

BRONZE ADVANTAGE

	AGE	SINGLE	MEMBER+1	FAMILY
	0-39	\$100.00	\$200.00	\$275.00
	40-49	\$150.00	\$225.00	\$300.00
	50-59	\$200.00	\$350.00	\$375.00
10061	60-64	\$250.00	\$450.00	\$500.00
10000000	65+ Medicare	\$100.00	\$200.00	N/A

If your family is larger than five, add \$50 more for each additional family member. If husband and wife are both participating, "head-of-household" is based on the older spouse's age.

If head of household is 65 or over, contribution is based on younger spouse's age.

Office Visit MRA does not apply to 65+ Medicare plans.

Financial Participation - Overview

- Application fee \$100 currently
- Annual membership contribution \$100 currently
- Altrua Ministries donation \$25 currently
- Monthly membership type contribution



Sharing Limits

- * **Organ Transplant Limit** Eligible needs may be shared to a maximum of \$150,000 per member not to exceed the maximum sharing limit per membership type.
- * **Pre-notification for non-emergency surgery, procedure or test** The member must have the procedures or services pre-authorized as medically necessary prior to receiving the service. Failure to comply with this requirement will render the service not eligible for sharing.
- * **ER Visits**, **Emergency Surgery**, **Procedure or Test:** Non-emergent use of the emergency room is **NOT** eligible of sharing. Medical records will be reviewed for ALL ER visits to determine eligibly. An emergency is defined as treatment that must be rendered to the patient immediately for the alleviation of the sudden onset of an unforeseen illness that, if not treated would lead to further disability or death.
- * **Eligibility for Cancer Needs** In order for needs related to cancer of any type to be eligible, the member must meet the following requirements.
 - * The member is required to contact Altrua within 30 days of the diagnosis. If the member fails at this, the member will be responsible for 50% of the total allowed charges after the MRA (s) has been assessed to the member.
 - * Early detection provides the best chance for successful treatment and in the most cost effective manner. Members age 40 and older are required to receive appropriate screening tests bi-annually, mammograms and gynecological tests for women and PSA testing for men. Failure to do these will render future needs for breast cancer, cervical cancer or prostate cancer ineligible for sharing.
- * Maternity For a mother who has been a member for 10 consecutive months in a combined membership with a gold or silver membership type prior to conception, needs for maternity are limited to \$4,000 per pregnancy (whether for a single or multiple birth or for any type of miscarriage) with no MRA applicable.

For a complete description of limits please see the membership booklet

Legal Disclaimers

Altrua HealthShare is a faith-based medical-need sharing membership. Medical needs are only shared by the members according to the membership guidelines. Our members agree to the Statement of Standards and voluntarily submit monthly contributions into an escrow account with Altrua HealthShare acting as a neutral escrow agent between members. Organizations like ours have been operating successfully for years. We are including the following caveat for all to consider. This publication or membership is not issued by an insurance company, nor is it offered through an insurance company. This publication or the membership does not guarantee or promise that your eligible medical needs will be shared by the membership. This publication or the membership should never be considered as a substitute for an insurance policy. If the publication or the membership is unable to share in all or part of your eligible medical needs, or whether or not this membership continues to operate, you will remain financially liable for any and all unpaid medical needs. This is not a legally binding agreement to reimburse any member for medical needs a member may incur, but is instead, an opportunity for members to care for one another in a time of need, to present their medical needs to other members as outlined in the membership guidelines. The financial assistance members receive will come from other members' monthly contributions that are placed in an escrow account, not from Altrua HealthShare.

Legal Notice Concerning Altrua HealthShare

Altrua Ministry or Altrua HealthShare (AHS) is not insurance or an insurance policy nor is it offered through an insurance company. Neither is Altrua Ministry or Altrua HealthShare (AHS) a discount healthcare program nor a discount health card program. Whether anyone chooses to assist you with your medical needs will be totally voluntary, as neither Altrua Ministry nor Altrua HealthShare (AHS) nor any other member is liable for or may be compelled to make the payment of your medical needs. Altrua Ministries or Altrua HealthShare (AHS) should never be considered to be insurance. Whether you receive any amounts for medical needs and whether or not Altrua Ministries or Altrua HealthShare (AHS) continues to operate, you are always personally responsible for the payment of your own medical needs. Altrua Ministries or Altrua HealthShare (AHS) is not subject to the regulatory requirements or consumer protections of your particular State's Insurance Code or Statutes.

Legal Disclaimers

Arizona Residents

THE ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY AND THE MINISTRY'S GUIDELINES AND PLAN OF OPERATION ARE NOT AN INSURANCE POLICY. WHETHER ANYONE CHOOSES TO ASSIST YOU WITH YOUR MEDICAL BILLS WILL BE COMPLETELY VOLUNTARY BECAUSE PARTICIPANTS ARE NOT COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. THEREFORE, PARTICIPATION IN THE MINISTRY OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHOULD NOT BE CONSIDERED TO BE INSURANCE. REGARDLESS OF WHETHER YOU RECEIVE ANY PAYMENT FOR MEDICAL EXPENSES OR WHETHER THIS MINISTRY CONTINUES TO OPERATE, YOU ARE ALWAYS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR OWN MEDICAL BILLS.

Georgia Residents

THE ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND NEITHER ITS GUIDELINES NOR PLAN OF OPERATION IS AN INSURANCE POLICY. WHETHER ANYONE CHOOSES TO ASSIST YOU WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY BECAUSE NO OTHER PARTICIPANT WILL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. AS SUCH, PARTICIPATION IN THE ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHOULD NEVER BE CONSIDERED TO BE INSURANCE. REGARDLESS OF WHETHER YOU RECEIVE ANY PAYMENT FOR MEDICAL EXPENSES OR WHETHER THIS ORGANIZATION CONTINUES TO OPERATE, YOU ARE ALWAYS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR OWN MEDICAL BILLS.

Texas Residents

THIS HEALTH CARE SHARING MINISTRY FACILITATES THE SHARING OF MEDICAL EXPENSES AND IS NOT AN INSURANCE COMPANY, AND NEITHER ITS GUIDELINES NOR ITS PLAN OF OPERATION IS AN INSURANCE POLICY. WHETHER ANYONE CHOOSES TO ASSIST YOU WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY BECAUSE NO OTHER PARTICIPANT WILL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. AS SUCH, PARTICIPATION IN THE MINISTRY OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHOULD NEVER BE CONSIDERED TO BE INSURANCE. REGARDLESS OF WHETHER YOU RECEIVE ANY PAYMENT FOR MEDICAL EXPENSES OR WHETHER THIS MINISTRY CONTINUES TO OPERATE, YOU ARE ALWAYS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR OWN MEDICAL BILLS. COMPLAINTS CONCERNING THIS HEALTH CARE SHARING MINISTRY MAY BE REPORTED TO THE OFFICE OF THE TEXAS ATTORNEY GENERAL.